

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |  |                            |             |
|---|--|--|----------------------------|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  | Docket Number (Optional)<br>638772000127 |                            |             |
| Application Number  | 09/847,945                             | Filed<br>May 2, 2001                     |                            |             |
| For COMPOSITIONS AND METHODS FOR TREATMENT OF HYPERPLASIA   |  |  |                            |             |
| Art Unit  | 1611                                   | Examiner<br>L. Channavajjala             |                            |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |                            |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |                            |             |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))          | Fee<br>\$130                             | Small Entity Fee<br>\$65   | \$ _____    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))         | Fee<br>\$490                             | Small Entity Fee<br>\$245  | \$ _____    |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))       | Fee<br>\$1110                            | Small Entity Fee<br>\$555  | \$ 1,110.00 |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))        | Fee<br>\$1730                            | Small Entity Fee<br>\$865  | \$ _____    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))        | Fee<br>\$2350                            | Small Entity Fee<br>\$1175 | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . |  |  |                            |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |  |  |                            |             |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,748</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>                        </u>  |  |  |                            |             |
| <u>/Jian Xiao/</u><br>Signature   |  | October 14, 2009<br>Date                 |                            |             |
| <u>Jian Xiao</u><br>Typed or printed name   |  | (650) 813-5736<br>Telephone Number       |                            |             |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>  |  |  |                            |             |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted. |  |                            |             |